

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90058 043 ***158.75

DOCUMENT # P02000102260

1. Entity Name
AKA ENTERPRISES, INC



Principal Place of Business
**1480 FARRAGUT DR. N.
ST.PETERSBURG FL 33710**

Mailing Address
**1480 FARRAGUT DR. N.
ST.PETERSBURG FL 33710**



2. Principal Place of Business
**10089 U.S 19 N
Suite, Apt. #, etc.
505**

3. Mailing Address
**10089 U.S 19 N
Suite, Apt. #, etc.
505**

City & State
PORT RICHEY, FL

City & State
PORT RICHEY FL

4. FEI Number
22-3887009

Applied For
Not Applicable

Zip
34668

Country
U.S.A

Zip
34668

Country
U.S.A

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABU KISHK, AHMAD
1480 FARRAGUT DR. N.
ST.PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

3-31-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ABU KISHK, AHMAD**
STREET ADDRESS **1480 FARRAGUT DR. N.**
CITY-ST-ZIP **ST.PETERSBURG FL 33710**

TITLE **P** ☐ Delete
NAME **ABU KISHK, KIMBERLY**
STREET ADDRESS **1480 FARRAGUT DR. N.**
CITY-ST-ZIP **ST.PETERSBURG FL 33710**

TITLE **VP** ☐ Delete
NAME **ABU KISHK, AHMAD**
STREET ADDRESS **1480 FARRAGUT DR. N.**
CITY-ST-ZIP **ST.PETERSBURG FL 33710**

TITLE **ST** ☐ Delete
NAME **ABU KISHK, AHMAD**
STREET ADDRESS **1480 FARRAGUT DR. N.**
CITY-ST-ZIP **ST.PETERSBURG FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **ABU KISHK, AHMAD**
STREET ADDRESS **10089 U.S 19 N #505**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **P** ☒ Change ☐ Addition
NAME **ABU-KISHK KIMBERLY**
STREET ADDRESS **10089 U.S 19 N #505**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **VP** ☒ Change ☐ Addition
NAME **ABU-KISHK AHMAD**
STREET ADDRESS **10089 U.S 19 N #505**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **ST** ☒ Change ☐ Addition
NAME **ABU-KISHK AHMAD**
STREET ADDRESS **10089 U.S 19 N #505**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

717-863-3229

Date

Daytime Phone #

CR2E034 (10/02)